



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**

COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



Vehicle Addition Form

(Please Print or Type)

Date Addition Requested: _____

License #: _____

Service Name: _____
(As it appears on your Kentucky Ambulance Provider License)

- Number of Vehicle(s) requesting to be added: _____
- Please list the Vin #, Make, Model, Year and Unit # of each vehicle that you are requesting to add:

Person Requesting Vehicle Addition: _____

Signature: _____

Cost for Addition of New Vehicle:

At Your Location: \$100.00

At Inspector/Advisors Location: \$50.00

Please fill this form out in its entirety and return with check or money order to:

Kentucky Board of Emergency Medical Services

2545 Lawrenceburg Road

Frankfort, Kentucky 40601

Attn: Tina R. Spradlin